



Session 4: Background Note

Findings and proposed solutions

The causes of under-nutrition are complex and multifactorial. The immediate causes are disease and or inadequate food intake which result from underlying household food insecurity, inadequate care practices at household and community levels, poor access to portable water, poor hygiene and sanitation (WASH) and insufficient access to healthcare. The ability of a household to cope with any aggravating factors is determined largely by characteristics of a household, community support structure, assets, coping and livelihood strategies in place.

The results of the nutrition causal analysis conducted in Kule and Pugnido 1 camps in Gambella identified multiple risk factors associated with malnutrition. This included limited opportunities for livelihoods, the sale of food basket items to purchase other food and non-food items, alcohol manufacture and purchase and non-optimal GFD; psychosocial wellbeing; the high workload of women; birth spacing, early marriages; limited infant and young child feeding, especially complementary feeding; non optimal defecation practices, utilization of unsafe water, inadequate water management, together with poor environmental and personal hygiene practices.

Proposed solutions for Gambella Camps by sector

WASH

- Increase water access to 20l/p/d. In Kule Camp, the expansion of the number of water points, increase pumping hours and establishing backup electromechanical equipment (backup generators, solar or electric grid). In Tierkidi Camp, drill an additional three boreholes in Itang and increase number of water trucking trips until a permanent water system is installed in Nguenyiel Camp.
- Reduce open defecation and increase utilization of latrines; complete assessment in Tierkidi Camp to ascertain the number of functional latrines and the gap. Train all health, WASH and nutrition community outreach agents on harmonized key messages to improve sensitization on safe excreta disposal in all camps. Improve hygiene practices through improved access to portable water, provision of standard amount of soap, decommission latrines that are filled, promote latrine cleaning, provide hand washing facilities and promote personal hygiene especially hand washing through Behavior Change Communication (BCC).

Protection and Energy

- Support women to manage their high workload, particularly in instances that keep them away from their children for long periods of time; reducing the amount of time spent during collection of firewood by providing alternative means of cooking energy; provision of adequate water collection and storage containers, ensure efficiency of food distribution.



- Conduct baseline assessment on GBV risks and barriers in accessing services, train all stakeholders on gender and IYCF mainstreaming, organize dialogue on early marriage, SGBV for the refugee community and leadership structures, establish and or strengthen existing community based GBV working groups.
- Insecurity in and outside camps will be mitigated through organisations of several platforms and events where refugees and host community meet together to discuss conflict resolution mechanisms and show their solidarity through recreational activities such as sports. In the camps, community based conflict resolution mechanisms to be strengthened or established.
- Improve psychosocial well-being of women and men through integrated psychosocial and mental health services at health facility and community level. Community protection, health and nutrition services need to work together to identify and refer refugees in need for support.

Nutrition

- To increase coverage in nutrition programmes; strengthen outreach activities through increase in number of outreach agents especially females, harmonize the community mobilization structure with WASH and Health, implement elevated MUAC screening in all camps for early identification and treatment of children with acute malnutrition.
- Work closely with community protection to assess feasibility and promote communal feeding of children in established structures such as mother to mother support groups (MMSGs) when mothers/ main caretakers have to be away for extended periods of time. This would increase the number of meals consumed and the utilization of super cereal plus for children aged 6-59 months. Promote optimal infant and young child feeding practices through community dialogues with key influencers such as fathers, grandmothers and religious leaders. Review current IEC materials for BCC.

Health

- Improve birth spacing by strengthening family planning services through reproductive health education in mother to mother support groups, women empowerment groups, school clubs, nutrition centers and dialogue with husbands and elders. Distribute mosquito nets every two years to all refugees and conduct indoor residual spraying before peak time of malaria season to reduce the incidence of malaria. Promote environmental management activities such as clearing of bushes around the compounds, clearing stagnant water and ponds in the camp. Promote early identification and referral to health centers of children with diarrhoea.

Livelihoods and household food security

- Provide small animals and access to veterinary services to improve livelihoods and household food security. Promote backyard gardens and fresh food vouchers to improve access to vegetables and a diversified diet, increase access for land for cultivation and herding. Improved livelihoods along with psychosocial support of men, youth and women was also proposed as a strategy to reduce incidence of excessive alcohol intake in the camps.